

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print	Clearly) TATE FTMICS COMMIS	b
PART I LOBBYIST		
NAME(Last) (First)	(Middle)	TELEPHONE
Hayashida, Franklin	\mathcal{I} .	678-8115
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
94-1136 Moolelo St. V	Vaipahu H1 9	6797
EMPLOYING ORGANIZATION (Fill in only if you are employed by a busi	ness entity which has been retained to lobb	y) TELEPHONE
		,
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) International Association of Bridge,	-1 1 10 11	TELEPHONE
International Association of Bridge,	structural, bramental	671-4344
and Reinforcing IronWorkers Locally MAILING ADDRESS (Street)	(City) (State)	nd 6 (1-10)
` ´ , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	(Zip Code)
94-497 Ukee Street Wa	ipahu, Hi	96797
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION	'S EXPENDITURES STATEMENT	TELEPHONE
Same as above		
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY		
Agriculture Education		Science, Technology & Economic Development
Communications & Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Hawaiian Affairs Commerce	∠ Labor & Employment ∠	Transportaion
Culture, Arts, Historic Health Preservation	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy, Housing	Public Safety & Corrections	
Environmental Protection		
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.		
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Franklin I Buyashish	1/29/0_	3
(Signature of Lobbyist)	(Da	te)
PART V AUTHORIZATION TO LOBBY		· · · · · · · · · · · · · · · · · · ·
NAME	TITLE OF AUTHORIZING OFFICER OR P	ERSON REPRESENTED
T. George Paris		
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Ironworlars Stabilization Fund		671-4344
MAILING ADDRESS (Street)	(City) (State)	(Zip Code)
94-497 Ukee Street Waipalm H1 96797		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
1/29/03		
(Signature of Authorizing Officer or Person Represented) (Date)		